

# 2012 Application for Business License

FEE \_\_\_\_\_

## APPLICATION MUST BE FILLED OUT COMPLETELY

BOH FEE \_\_\_\_\_

Business Name/Map/Lot \_\_\_\_\_

PROCESSING FEE 20.00

Mailing Address \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Business Street Address \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Federal ID Number (**Mandatory**) \_\_\_\_\_

Manager \_\_\_\_\_ E-Mail Address \_\_\_\_\_

1. Applicant is an: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Trust

2. If applicant is an individual or partnership please answer below:

### Applicant #1

a. Tel. No. \_\_\_\_\_ Social Security No. (voluntary) \_\_\_\_\_

b. Name \_\_\_\_\_

c. Street Address \_\_\_\_\_

d. Mailing Address \_\_\_\_\_

### Applicant #2

a. Tel.No. \_\_\_\_\_ Social Security No. (voluntary) \_\_\_\_\_

a. Name \_\_\_\_\_

b. Street Address \_\_\_\_\_

c. Mailing Address \_\_\_\_\_

3. If applicant is a corporation or trust please answer below:

List the titles of all officers and manager:

Title	Full Name	Home Address	Soc.Sec.No. (voluntary)
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Corporate or Trust Name \_\_\_\_\_

Corporate Mailing Address \_\_\_\_\_

Corporate Tel. No. \_\_\_\_\_

5. Anticipated Opening Date: Year Round \_\_\_\_\_ Seasonal \_\_\_\_\_

6. Fully describe type of business conducted (i.e. retail, restaurant, food, gallery): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Seating Capacity \_\_\_\_\_ Hours of Operation \_\_\_\_\_

8. Special conditions or Restrictions required by Zoning Board of Appeals, Board of Selectmen or Board of Health. Please attach copies:

\_\_\_\_\_  
\_\_\_\_\_

9. Fully describe premises to be licensed including number of rooms and square footage: \_\_\_\_\_

\_\_\_\_\_

10. PLEASE DRAW FLOORPLAN OF PREMISES TO BE LICENSED HERE:

11. Has any person in this application ever had his/her license revoked or cancelled? \_\_\_\_ If yes, state for each name the date and reasons why the license was revoked or cancelled: \_\_\_\_\_

\_\_\_\_\_

12. I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes under law. I further certify that in the conduct of this business I will abide by all Town bylaws and regulations.

\_\_\_\_\_  
\*Signature of Individual or Signature of  
Corporate Officer w/Title (Mandatory)

\_\_\_\_\_  
Corporate Name (Mandatory if Applicable)

\_\_\_\_\_  
Federal Identification No. **MANDATORY**

\_\_\_\_\_  
Date of Application

\*Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.

\*\* Your social security number will be furnished to the MA Dept. of Revenue to determine if you have met tax filing or payment obligations. (This is required by the state.) Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed or extended. This request is made under the authority of M.G.L. c. 62C s. 49A.

FOR OFFICE USE ONLY BELOW THIS LINE  
Department Head or Designee Signatures

Police Dept. \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Fire Dept. \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Tax Collector \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Bldg Inspector \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Bd. Of Health \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Common Victualler \_\_\_\_\_ Food Service \_\_\_\_\_ General \_\_\_\_\_ Lodging \_\_\_\_\_ Innholder \_\_\_\_\_

Camp, Cabin, Motel, Trailer Park \_\_\_\_\_ Weekday Entertainment \_\_\_\_\_ Sunday Entertainment \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Date Received \_\_\_\_\_ Fee Received \_\_\_\_\_ By (initials) \_\_\_\_\_ Date Issued \_\_\_\_\_